Application For Wage Claim

State Form 2069 (R4 / 2-99)
Indiana Department of Labor

Wage Claim # _____

Indiana Department of Labor
Wage and Hour Division
402 West Washington Street, W195
Indianapolis, IN 46204

(Please type or print your response and be sure to answer all questions)

Employee	Employer
Name	Name
Address	Address
City	City
State, Zip	State, Zip
Telephone	Telephone

Amount of Claim	$	Length of Employment:	From		To	

Address Where Work Was Performed:

Reason for Leaving Employment:

Reason Given For Non-Payment:

Wage Agreement:	Hourly	$	Salary	$	Commission	$	Piece Rate	$

Type of Claim: Check box(s)	Minimum Wage Complaint	Non-Payment of Overtime	Non-Payment of Vacation	Payroll Deduction	Non-Payment of Paycheck(s

INSTRUCTIONS:
(1) Show, mathematically, how you calculated the amount of your claim
(2) Be sure to list the dates of non-payment, including hours worked each day with beginning and ending times
(3) Attach your supporting documentation behind this form

Incomplete Forms
Any incomplete Application For Wage Claim will be returned to its sender in its entirety without any action taken from our Department.

Disclaimer
The Department of Labor has the right to reject this claim at any time if, in the judgement of the Commissioner of Labor, said claim is not valid and enforceable in the courts.

Declaration
I hereby certify under the penalty of perjury that the above statements are true and that I will testify to same before a court of law, if necessary to collect the amount due to me. Pursuant to IC 22-2-9-5, I hereby assign to the Commissioner of Labor all my rights, title and interest in and to the above certified claim for processing in accordance with the provisions of IC 22-2-9-1, et seq.

Date Received *(Office Use Only)*

Signed		Dated	